

Congress of the United States

Washington, DC 20515

June 6, 2005

House Appropriations Subcommittee on Foreign Operations,
Export Financing and Related Programs
H-150 The Capitol
Washington, DC 20515

Dear Chairman Kolbe and Ranking Member Lowey,

We are writing to thank you for your leadership and ongoing support of programs designed to combat the growing threat of tuberculosis around the world. TB needlessly takes the lives of two million people every year, and is the largest killer of people with AIDS.

TB remains preventable and curable, and proven treatments remarkably cheap and effective. Yet TB rates are growing. The Subcommittee on Foreign Operations has taken a leadership role in promoting and strengthening global expansion of the Directly Observed Therapy Shortcourse, or DOTS, treatment regimen for TB, as well as the DOTS-Plus treatment for drug-resistant strains of the disease.

This leadership is essential to the global public health, because increased access to affordable and effective TB treatment has never been more important. The AIDS epidemic has caused TB rates to skyrocket in many nations of sub-Saharan Africa, with a tripling or quadrupling of rates in many countries. Parts of the former Soviet Union and Eastern Europe have rates of Multi-Drug Resistant (MDR) TB that are more than 10 times the global average, placing numerous lives at risk.

We are grateful for the Subcommittee's ongoing bilateral commitment to fighting tuberculosis and for your continued support of the principal multilateral source of funding, the Global Fund to Fight AIDS, TB and Malaria. Given that the latest annual funding gap for efforts to fight TB globally and develop new tools is estimated at \$2.5 billion, we request you continue your leadership in this area by increasing the **FY 2006 Appropriations to \$300 million**. The great majority of this funding should continue to be used for health worker training, lab strengthening, support for frontline workers, and needed drugs and other treatment commodities.

TB is responsible for up to half of AIDS deaths. Given the scope of the TB-HIV co-epidemic, the President's Emergency Plan for AIDS Relief (PEPFAR) can have an enormous impact by coordinating HIV and TB relief efforts. PEPFAR should ensure that access to effective TB treatment is available all people with AIDS who are co-infected with TB in target countries, and that TB and HIV services are coordinated in all country operational plans.

In addition to committing to this increase, we would also like to ensure that these funds are used in the most effective manner. To that end, we ask that the committee fund several innovative organizations and mechanisms working toward the goal of worldwide TB control and eventual eradication.

The Global TB Drug Facility (GDF) is a mechanism operated by the World Health Organization's STOP TB Partnership that provides lowest cost, quality TB drugs to poor countries around the world. Through the efforts of the GDF, full courses of TB drugs are packaged and made available for roughly \$10 per patient to countries that have shown that the infrastructure exists to provide safe and effective treatment. In its first four years in operation, the GDF has provided TB treatments to four million patients worldwide.

To meet current commitments, the GDF needs funding of \$50 million annually, yet it faces a critical funding shortage. Therefore, we are asking that you specify that at least **\$15 million go to the GDF in FY 2006**.

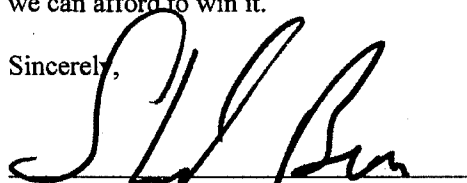
The eventual development of a vaccine to prevent tuberculosis represents one of the best hopes for broad scale efforts to dramatically curtail TB infection around the world. In recent years, several new vaccine candidates for TB have been developed and shown promising results when tested in animals. The Aeras Global TB Vaccine Foundation has taken the lead in the development of a new vaccine. Working collaboratively with scientists, industry and governments in the U.S., Europe, South Africa and other developing countries, Aeras plans to bring the leading TB vaccine candidates to Phase I, II and III clinical testing and to license at least one new TB vaccine for worldwide distribution within 10 years. To accelerate and support these efforts, we request the Subcommittee designate **\$5 million in FY 2006 and following years** to establish a TB vaccine research development program in partnership with Aeras Global TB Vaccine Foundation.

The Green Light Committee is a mechanism designed and administered by the World Health Organization to provide heavily discounted, second-line drugs for drug-resistant tuberculosis. The Green Light Committee negotiates discounts of more than 95% for these critical drugs, and makes them available to entities that have proved their capacity to administer the drugs according to international protocols. A U.S. commitment of **\$2 million annually** could leverage millions in savings, and would lead directly to the cure of thousands suffering from MDR-TB. USAID has identified increased funding for the GLC as a "high priority".

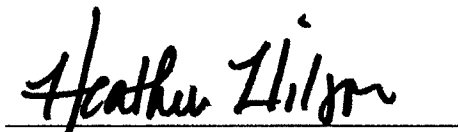
Operating with the support of USAID, NIH and CDC, as well as private sector resources, the Global Alliance for TB Drug Development is leading international efforts to manage the first pipeline for new TB drugs in forty years. New drugs could shorten the time to cure, treat drug resistant TB and not interfere with anti-AIDS drugs. The financial support of the U.S. Government will be critical to the sustainability and final success of this enterprise. A U.S. commitment to the **Global Alliance of \$3 million in FY 2006**, and years following, is an appropriate share of the global burden to discover and develop new effective treatments for TB.

Accelerating the U.S. commitment to the fight against TB will save hundreds of thousands, perhaps millions, of lives. It's not a fight we can afford to lose. With your Subcommittee's continued leadership, we can afford to win it.

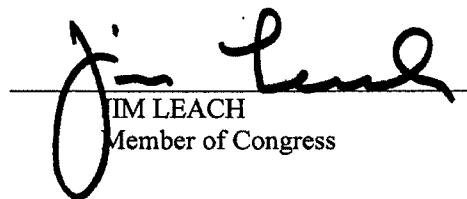
Sincerely,



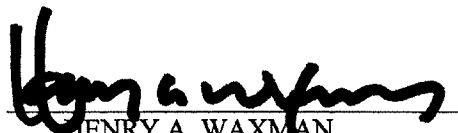
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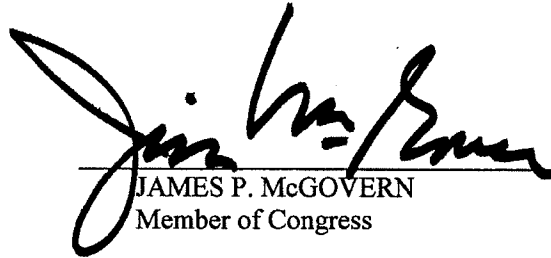
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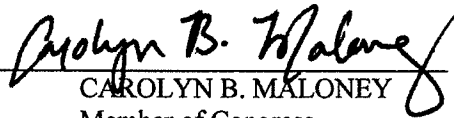
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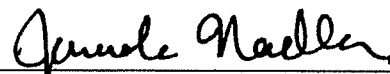
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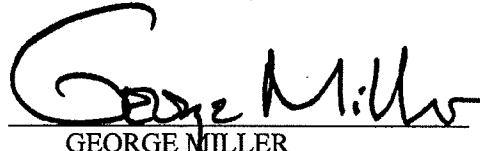
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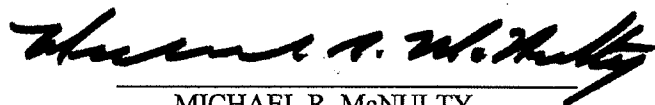
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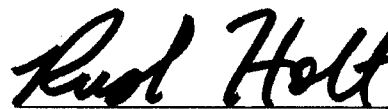
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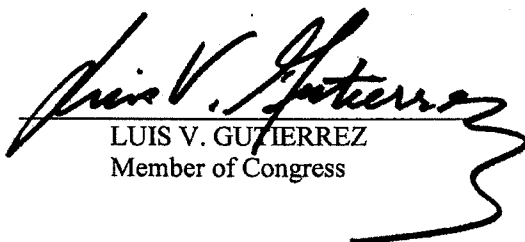
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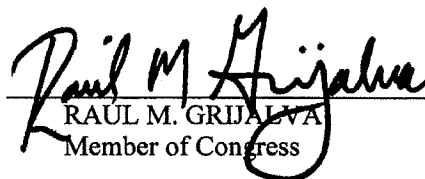
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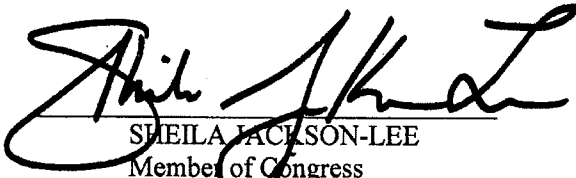
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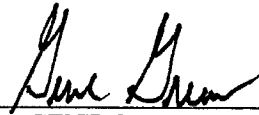
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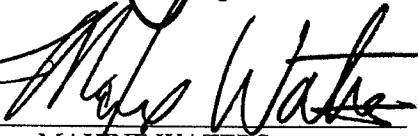
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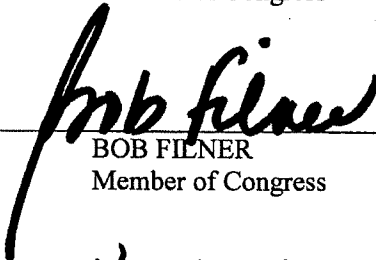
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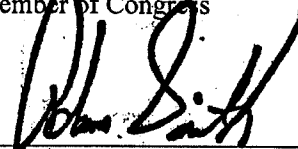
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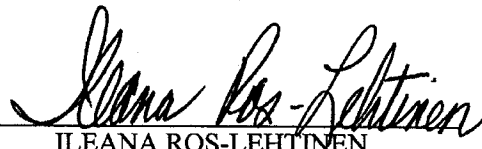
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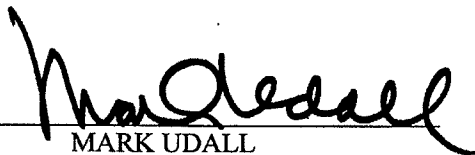
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